

# **EMORY SOCCER MEDICINE COACHES' MEETING**

**JANUARY 12, 2019**



# HOW PREPARED ARE YOU?

## Medical Emergency Preparedness Survey

1. Do you have a copy of the Emergency Action Plan for your training facility?
2. Are you currently certified in First aid?
3. Are you currently certified in CPR/AED?
4. Does your organization have a written document detailing what to do when lightening is near?
5. Do you ensure all athletes participating in training have a current physical?
6. Does your organization have a written document detailing what to do when training in dangerous temperature and humidity?
7. Do you have a medical alert list for your team?
8. Does your organization have a written document detailing what to do when an athlete may return to play following a concussion?
9. Do you have an emergency contact list for your team?
10. Do you know where the AED is located at your training facility?

# **EMERGENCY PREPAREDNESS FOR THE SOCCER COACH**

**JOAN C. REED MAT, ATC, CSCS**

**EMORY SOCCER MEDICINE COORDINATOR**

**DECATUR HIGH SCHOOL HEAD ATHLETIC TRAINER**

**EMORY UNIVERSITY ADJUNCT FACULTY**

# **EMERGENCY HEALTH AND SAFETY: BEST PRACTICES FOR YOUTH SPORTS LEAGUES**

- **2017 INTER ASSOCIATION TASK FORCE PUBLISHED IN THE JOURNAL OF ATHLETIC TRAINING**
- **HEALTH AND SAFETY GUIDELINES PROVIDE A ROADMAP FOR NATIONAL GOVERNING BODIES (NGBS) TO ENSURE THE BEST POLICIES AND PROCEDURES ARE IN PLACE TO PROTECT YOUNG ATHLETES.**
- **ENHANCED HEALTH AND SAFETY SUPPORT SYSTEMS FOR YOUTH SPORTS COMMISSIONERS AND LEAGUE LEADERS AND IMPROVED SAFETY FOR YOUNG ATHLETES.**

# OBJECTIVES: THE BIG 5

**Medical Clearance**

**Emergency Action Plan**

**Lightning**

**Heat**

**Concussion**

# MEDICAL CLEARANCE

- **ALL ATHLETES SHOULD HAVE A CURRENT SPORTS PHYSICAL PRIOR TO PARTICIPATION.**
  - **COMPLETE MEDICAL HISTORY**
  - **VITALS, HEIGHT AND WEIGHT**
  - **GENERAL MEDICAL**
  - **MUSCULOSKELETAL**



# MEDICAL CLEARANCE

- **ALL PREPARTICIPATION MEDICAL PAPERWORK MUST BE COMPLETED AND REVIEWED BY MEDICAL STAFF OR ADMINISTRATOR AND CLEARED FOR PARTICIPATION.**
  - **MEDICAL ALERT LIST**
    - **PRE EXISTING POTENTIALLY LIFE THREATENING CONDITIONS**
      - **CARDIAC, RESPIRATORY, SEVERE ALLERGIES, SICKLE CELL, DIABETES, OTHER**
  - **EMERGENCY CONTACT LIST**



**Varsity Football**

**Chris Jones**  
pat.jones1234567@gmail.com

DATE OF BIRTH: 05-11 | STATUS: Cleared | GENDER: Male

**EMERGENCY CONTACTS**

Derek Jones Father 504 235 1341	 
Pat Jones Mother 942 134 1542	 
Sara Jones Sister	 

**PERSONAL INFORMATION**

143 Del Rd  
London, ON N2G 2G4 CA

**MEDICAL SUMMARY**

The student has no ongoing medical condition or illness.

Home Share UNIVIT Scan Help



- **ATHLETES SHOULD NOT PARTICIPATE IN TRY OUTS, WEIGHT TRAINING, CONDITIONING, PRACTICES OR COMPETITIONS UNTIL THEY HAVE COMPLETED, SUBMITTED ALL REQUIRED MEDICAL PAPERWORK AND ARE CLEARED.**
- **COACHES ARE RESPONSIBLE FOR CHECKING ROSTER AND CLEARANCE.**

# **MEDICAL CLEARANCE**



# **MEDICAL CLEARANCE**

## **ORTHOPEDIC INJURY: RETURN TO PLAY (RTP) GUIDELINES**

- **IF SEEN BY MD WILL NEED WRITTEN DOCUMENTATION**
- **FUNCTIONAL TEST AND PROGRESSION**



# FUNCTIONAL TESTING

- **IDENTIFIES SPECIFIC MOVEMENT DEFICITS, MUSCLE WEAKNESS AND/OR IMBALANCES.**
  - **PROGRESSION OF GENERAL TO SPORT SPECIFIC AND THEN POSITION SPECIFIC MOVEMENTS**
  - **PROGRESSION OF SPEED, IMPACT, VELOCITY FROM LOW TO HIGH**

# ILLNESS RETURN TO PLAY GUIDELINES

**MINOR ILLNESS RTP GUIDELINES: ATHLETES SHOULD BE FREE OF VOMITING, DIARRHEA, DIZZINESS, FEVER, SHORTNESS OF BREATH X 24 HOURS.**

**MAJOR ILLNESS RTP GUIDELINES: MONONUCLEOSIS, APPENDICITIS OR OTHER SURGICAL CASES, EMERGENCY DEPARTMENT OR URGENT CARE VISITS ALL REQUIRE WRITTEN DOCUMENTATION FROM MD.**



# EMERGENCY ACTION PLAN

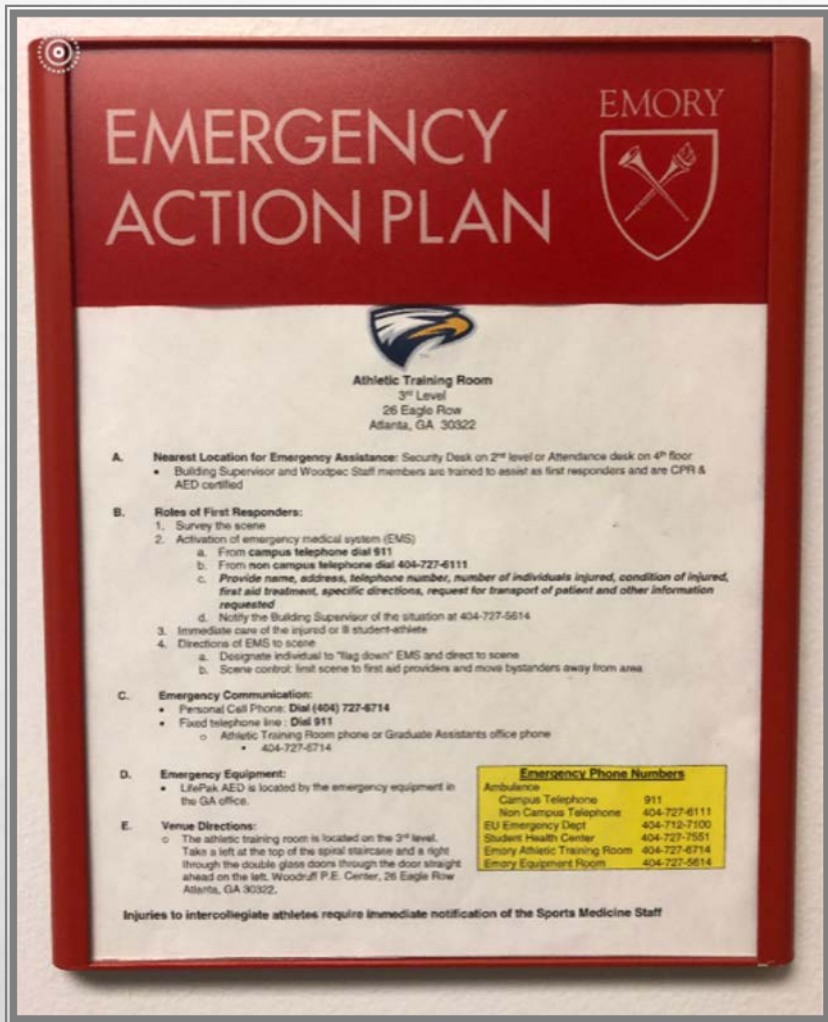
**This is a written document that defines the standard of care and process required for an emergency situation during your organization's athletic events.**



## **High Risk Situations:**

- **Lightning**
- **Heat and Dehydration**
- **Breathing Emergencies**
- **Cardiac Emergencies**
- **Concussion**
- **Allergic Reactions**





# EMERGENCY ACTION PLAN

## Venue Specific

**Address, Map, GPS Coordinates**  
**EMS Access**  
**Location of Medical Equipment**

## Contact Information

**Local EMS Organization Directors/Administrators**  
**Organization Athletic Trainer/Medical Director**

## Reviewed and Rehearsed

**Distribute to All Coaches**  
**Onsite Medical Staff**

## Posted

**Venue Website**



### FULL LIST OF FIRST AID KIT CONTENTS:

- |                                      |                                    |                                       |
|--------------------------------------|------------------------------------|---------------------------------------|
| 6 Alcohol Prep Pads                  | 1 Scissor                          | 2 Disposable PVC Gloves               |
| 20 Medium Bandages                   | 1 Metal Tweezers                   | 1 Disposable Instant Ice Pack         |
| 10 Mini Bandages                     | 1 Poncho                           | 1 First Aid Tape                      |
| 1 Triangular Bandage                 | 1 Emergency Mylar Blanket          | 1 Large Trauma Pad                    |
| 20 Cotton Tips                       | 1 Moleskin Blister Relief Pad      | 1 Compass                             |
| 5 Knuckle Bandages                   | 1 Whistle                          | 1 Moleskin Blister Relief             |
| 3 PBT Bandages                       | 1 Sewing Kit                       | 1 Triangular Bandage                  |
| 5 Butterfly Bandages                 | 5 Safety Pins                      | 1 Ice Pack                            |
| 4 Sterile Gauze Pads Large/XtraLarge | 1 Compass                          | 1 First Aid Manual                    |
| 4 Antiseptic Cleansing Wipes         | 1 Multi-functional Lifesaving Card | 1 First Aid Bag with Reflective Strip |
| 4 Sting Relief Pads                  | 1 CPR Mask                         | 1 Glow Stick (6 hours)                |
| 1 Tourniquet                         |                                    |                                       |

## OTHER EMERGENCY PREPARATION

- **COACHES CPR/AED AND FIRST AID CERTIFICATIONS**
- **AED FIXED LOCATIONS VS PORTABLE**
- **MEDICAL ALERTS**
- **FIRST AID KITS**

# MEDICAL TIME OUT

**MEETING OF AVAILABLE PERSONNEL RESPONSIBLE FOR ANY ASPECT OF EMERGENCY RESPONSE AT A PRE-DETERMINED TIME, BUT PRIOR TO START OF ATHLETIC PLAY.**

- **EMERGENCY ACTION PLAN**
- **LIGHTNING SYSTEM**
- **MEDICAL ALERTS**
- **MEDICAL EQUIPMENT**
- **SIGNALS**
- **CONTACT INFORMATION**



# MEDICAL TIME OUT

## **C**ommunication

- **Before a potentially catastrophic event to ensure efficient care for injured athlete**

## **O**rganization

- **Tasks are identified Before they are needed to avoid chaos**

## **P**reparation

- **Troubleshooting of potential roadblocks to care can be identified and discussed before delays occur**

## **E**xecution

- **Actions become a learned response rather than a reaction**





# LIGHTNING

- **THIS POLICY OR PROCEDURE SHOULD BE PART OF EAP**
- **REVIEWED ANNUALLY BY ORGANIZATIONS ADMINISTRATIVE STAFF, MEDICAL STAFF AND COACHING STAFF**
- **VENUE SPECIFIC**
- **DETERMINE RADIUS TO CLEAR FIELDS**
- **IDENTIFY SAFE SHELTER**
- **RTP 30 MINUTES FOLLOWING LAST STRIKE**

# **HEAT AND CONCUSSIONS**

**RACHELLE BERRY MS, ATC**

**EMORY SOCCER MEDICINE ATHLETIC TRAINER**

# HEAT AND HYDRATION

- **OBJECTIVES**

- **PREVENTION STRATEGIES**
- **IDENTIFYING HEAT RELATED ILLNESS**
- **TREATMENT STRATEGIES**



# HEAT AND HYDRATION

- **SWEAT RATES DIFFER IN ADOLESCENTS**
- **LOSS OF FLUIDS AND ELECTROLYTES, INCREASE IN BODY CORE TEMPERATURE**
- **RECOMMENDATION REGARDING FLUID REPLACEMENT**
  - **CHILDREN: 5OZ EVERY 20 MINUTES OF ACTIVITY**
  - **ADOLESCENTS/TEENS: 8OZ EVERY 20 MINUTES OF ACTIVITY**
  - **INDIVIDUALIZED STRATEGIES**



# HEAT AND DEHYDRATION PREVENTION

- **STAY HYDRATED!**
- **URINE COLOR**
- **MEASURE WEIGHT LOSS BEFORE AND AFTER TRAINING**
- **DRINK 16OZ OF WATER PER POUND LOST**
- **WATER VS SPORTS DRINKS**
- **AVOID CARBONATED BEVERAGES AND CAFFEINE**
- **ACCLIMATIZE TO WARM/HOT ENVIRONMENTS**



# DEHYDRATION

- **MILD TO MODERATE SYMPTOMS**

- **THIRSTY**
- **DECREASE IN URINATION**
- **DARK URINE**
- **HEADACHE**
- **MUSCLE CRAMPS**

- **SEVERE SYMPTOMS**

- **CESSATION OF URINATION**
- **ABSENCE OF SWEATING**
- **DIZZINESS/LIGHTHEADED**
- **RAPID HEART RATE**
- **RAPID BREATHING**
- **SLEEPY OR FATIGUED**
- **FAINING**

# DEHYDRATION

- **TREATMENT**

- **REHYDRATE**
- **MONITOR WEIGHT LOSS**
- **LIMIT OR CEASE ACTIVITIES**
- **IV FLUIDS**
  - **ACTIVATE EAP**



# HEAT ILLNESS AND CONDITIONS

## Heat Cramps

**Caused by dehydration or lack of adequate electrolyte intake**

**More common when body is under conditioned or fatigued**

## Symptoms

**Involuntary contractions of muscles**

## Treatments

**Rest**

**Stretch affected muscle**

**Rehydration with water and electrolytes**



# HEAT ILLNESSES AND CONDITIONS

- **HEAT EXHAUSTION**

- **ENERGY DEPLETION**
- **CARDIOVASCULAR INSUFFICIENCY DUE TO DEHYDRATION**

- **SYMPTOMS**

- **FATIGUE AND WEAKNESS**
- **PALE COMPLEXION**
- **PROFUSE SWEATING**
- **NAUSEA AND DIZZINESS**
- **INCREASE IN BODY TEMPERATURE**

- **TREATMENT**

- **MOVE TO COOL AREA, REMOVE EXCESS CLOTHING, COOL WITH ICE BAGS/FANS**
- **ELEVATE LEGS**
- **PROVIDE FLUIDS**
- **NO ACTIVITY FOR 24-48 HOURS, MEDICAL CLEARANCE RECOMMENDED**

- **PREVENTION**

- **ACCLIMATIZE**
- **STAY HYDRATED**
- **MODIFY ACTIVITY**

# HEAT ILLNESS AND CONDITIONS

- **HEAT STROKE**

- **MOST SERIOUS HEAT ILLNESS**
- **BODY TEMPERATURE OVER 104F**
- **PROLONGED EXPOSURE TO OR PHYSICAL ACTIVITY IN HOT ENVIRONMENTS**

- **SYMPTOMS**

- **BODY TEMP OVER 104F**
- **IRRATIONAL BEHAVIOR**
- **ALTERED CONSCIOUSNESS**
- **RAPID AND WEAK PULSE**
- **PROFUSE OR CESSATION OF SWEATING**
- **NAUSEA/VOMITING**
- **DIZZINESS/STAGGERING**
- **SEVERE MUSCLE CRAMPS**

# HEAT ILLNESS AND CONDITIONS

- **TREATMENT**

- **MEDICAL EMERGENCY: ACTIVATE EAP!**
- **MOVE TO COOL AREA**
- **REMOVE EXCESS CLOTHING**
- **BEGIN COOLING PROCESS WITH ICE BATH, ICE BAGS, WET TOWELS, FANS, ETC.**
- **MONITOR VITALS**

- **PREVENTION**

- **HYDRATION**
- **ACCLIMATIZE TO ACTIVITY IN WARM WEATHER**
- **MODIFY ACTIVITY**
- **ENSURE PROPER DIET AND SUFFICIENT REST**
- **MONITOR WEIGHT LOSS**

# CONCUSSION

- **OBJECTIVES**
  - **PREVENTION PLAN**
  - **HOW SHOULD THE COACH PROCEED WITH SUSPECTED CONCUSSION**
  - **RETURN TO LEARN PROGRESSION**
  - **RETURN TO PLAY PROGRESSION**





# CONCUSSION PREVENTION

- **FOLLOW THE RULES OF THE GAME**
- **PRACTICE GOOD SPORTSMANSHIP**
- **LEARN GOOD SKILLS TECHNIQUES, ESPECIALLY WITH HEADING**
- **EDUCATION**
- **BASELINE TESTING**

# WHEN SHOULD YOU SUSPECT A CONCUSSION?

- **ATHLETE HAS SUSTAINED A BLOW TO HEAD, FACE, NECK, OR ANYWHERE ON BODY THAT TRANSMITTED FORCE TO THE HEAD**
- **PRESENTATION OF CONCUSSION SYMPTOMS**
- **DOES NOT HAVE TO LOSE TO CONSCIOUSNESS**
- **MAY NOT PRESENT WITH OTHER APPARENT INJURIES**

- **SYMPTOMS**

- **VARY BY INDIVIDUAL AND SEVERITY**
- **HEADACHE**
- **VISION CHALLENGES**
- **DIFFICULTY CONCENTRATING OR REMEMBERING**
- **CHANGE IN MOOD OR SLEEP PATTERNS**
- **SENSITIVITY TO LIGHT OR SOUND**
- **CONFUSION**
- **LOSS OF CONSCIOUSNESS**

# WHAT TO DO IF YOU SUSPECT A CONCUSSION?

- **IMMEDIATELY REMOVE ATHLETE FROM ACTIVITY**
  - **IF AVAILABLE ON SITE, HAVE ATHLETE EVALUATED BY AN ATHLETIC TRAINER**
  - **NOTIFY PARENTS**
  - **INSTRUCT ATHLETE TO FOLLOW UP WITH A PHYSICIAN OR OTHER MEDICAL PROFESSIONAL KNOWLEDGEABLE IN SPORT CONCUSSION MANAGEMENT**
  - **NO ACTIVITY UNTIL SYMPTOM FREE AND CLEARED BY SPORT CONCUSSION SPECIALIST**
- **WHEN TO ACTIVATE EAP**
    - **NECK INJURY IS SUSPECTED**
    - **DEFORMITY OR SEVERE BLEEDING OF HEAD OR FACE**
    - **ATHLETE PRESENTS WITH SYMPTOMS OF SEVERE BRAIN INJURY**
    - **INITIAL SYMPTOMS QUICKLY WORSEN**

A photograph of a classroom with rows of desks and chairs. In the background, there are bulletin boards, one of which is titled 'INSPIRATION'. A sign on the wall reads 'FOLLOW THE LEADER'. A door is visible in the distance. The foreground is partially obscured by a red overlay containing text.

# RETURN TO LEARN PROGRESSION

- **BEGIN WITH CLEARANCE FROM SPORT CONCUSSION SPECIALIST**
- **GRADUAL RETURN TO CLASSROOM**
- **MINIMIZE SCREEN TIME**
- **FOLLOW UP IF SYMPTOMS RETURN**



# RETURN TO PLAY PROGRESSION

- **MUST BE SYMPTOM FREE AND CLEARED BY SPORT CONCUSSION SPECIALIST**
- **GRADED RETURN TO PLAY**
  - **MAY PROGRESS TO NEXT LEVEL IF SYMPTOM FREE FOR 24 HOURS**
  - **IF SYMPTOMS REAPPEAR, STOP RETURN TO PLAY UNTIL SYMPTOM FREE**
- **HEADING PROGRESSION**







**QUESTIONS**

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